



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

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DPW

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
NAKANELUA	Dayton	M	808 847-2631
MAILING ADDRESS (Street)			FAX
1426 North School St.			808 848-1987
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
United Public Workers, AFSCME, Local 646, AFL-CIO	808 847-2631	
MAILING ADDRESS (Street)	FAX	
1426 North School Street	808 848-1987	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96817
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Jeanne K. Endo	808 847-2631	
MAILING ADDRESS (Street)	FAX	
1426 North School Street	808 848-1987	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96817

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

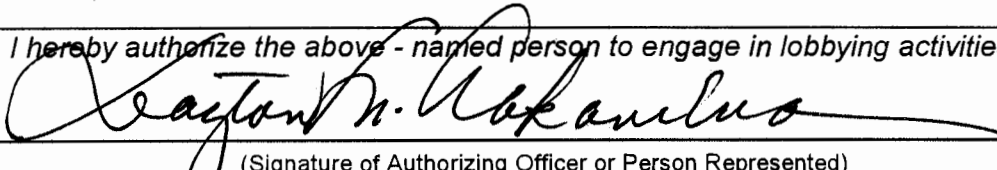
<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input checked="" type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)	(Date)
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PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Dayton M. Nakanelua		State Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
		808 847-2631	
MAILING ADDRESS (Street)		FAX	
1426 North School St.		808 848-1987	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
		<i>1/24/05</i>	
(Signature of Authorizing Officer or Person Represented)		(Date)	